

OFFICE OF THE COLLEGE REGISTRAR

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FAX: 814-898-6382

STUDENT INFORMATION RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) requires a student's written consent in order for an educational institution to release confidential student records to another party, except under the limited exceptions in FERPA permitting release without consent.*

I, _____ (print full name of student), hereby authorize Penn State to release my grades and/or course enrollment information to (please be specific):

(Name)

(Street Address)

(City, State, Zip)

(Telephone Number)

(E-mail Address)

I understand this consent for release will remain in effect from the date indicated below until I submit written authorization to remove it.

Student's Signature

Date

Student's PSU ID

*For further information on FERPA/Buckley Amendment, please go to:

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Return all application materials to
Office of Admissions
Penn State Behrend
4701 College Drive
Erie, PA 16563